

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/15/2016  
FORM APPROVED  
OMB NO. 0938-0391

45th 1/28/17 70th

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445107	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  12/12/2016
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 12/12/2016. During this Life Safety Survey, the facility was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The census was 137 at the time of the survey.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 700 SS=D	NFPA 101 Operating Features - Other  Operating Features - Other List in the REMARKS section any LSC Section 18.7 and 19.7 Operating Features requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included in Form CMS-2567. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire doors per the requirements of NFPA 101 and NFPA 80. 2012 NFPA 101, 19.7.6, 4.6.12, 8.3.3.1, Table 8.3.4.2. 2010 NFPA 80: 5.2.4.2, 6.3.1.7.1 This deficiency affected 1 of 11 smoke compartments. The findings include: Observation and interview with the Maintenance Director, on 12/12/2016 at 5:30 AM confirmed the following:	K 700	See page 2 of 2 for P.O.C. for K700		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Douglas S. Ford*

*N.H.A.*

*1/2/2017*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 700	Continued From page 1 1. 1-1/2 hour rated fire door #69 to the basement was missing 2 hinge screws and had an edge gap of 1/2-inch. 2. 1-1/2 hour rated fire door #67 to the East 1st floor stairwell had a protective plate 28-inches from the bottom of the door. No UL listing was provided for plates exceeding 16-inches from the bottom of the door. The maintenance director was present when the deficiencies were identified and acknowledged by the Administrator during the exit conference on 12/12/2016.	K 700	1. Doors # 69 and # 67 will be repaired by an authorized door company, "Wm. S. Trimble Co., Inc."  2. On 12/14/2016 the door contractor, along with center maintenance staff, identified one additional storage room door with the same protective plate as door # 67. Corrective repair will be made to this door.  3. The center is now having all fire rated door maintenance and repair work performed by a new vendor, "Wm. S. Trimble Co., Inc." Documentation of the quotation identifying all 3 doors to be repaired is dated 12/14/16. The work was completed on 12/21/16.  4. The Director of Environmental Services has added these two issues to our preventive maintenance program for door inspections.	12/21/16	12/14/16 12/21/16 12/21/16 12/16/16